

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE VIA CONFERENCE CALL SUBJECT: U.S. ARMY'S WOUNDED WARRIOR PROGRAM PRESENTERS: COLONEL JAMES RICE, ARMY WOUNDED WARRIOR PROGRAM; ROBERT WAPLES, MEDICAL II FOCUS GROUP; COLONEL RICHARD MCNORTON, CENTCOM MODERATOR: CHARLES "JACK" HOLT, CHIEF, NEW MEDIA OPERATIONS, OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE PUBLIC AFFAIRS TIME: 1:02 P.M. EDT DATE: MONDAY, JUNE 30, 2008

Copyright (c) 2008 by Federal News Service, Inc., Ste. 500 1000 Vermont Avenue, NW, Washington, DC 20005, USA. Federal News Service is a private firm not affiliated with the federal government. No portion of this transcript may be copied, sold or retransmitted without the written authority of Federal News Service, Inc. Copyright is not claimed as to any part of the original work prepared by a United States government officer or employee as a part of that person's official duties. For information on subscribing to the FNS Internet Service, please visit <http://www.fednews.com> or call (202)347-1400

MR. HOLT: I believe we are ready, and I'd like to welcome everybody to the Bloggers Roundtable this afternoon.

With us on the line we've got Colonel James Rice, who's the director of the U.S. Army Wounded Warrior Program. Also with us is Mr. Robert Waples, who is the spokesperson for the Medical II Focus Group.

And Colonel Rice, we're ready when you are, sir. I understand there was a -- you've just returned from the Army Wounded Warrior Symposium out of Indianapolis this -- that happened last week, was it? COL. RICE: That's right. It was all last week. The final op brief was on Friday, to the Army G-1.

MR. HOLT: Okay. All right, sir. Well, can you tell us what happened out there?

COL. RICE: Okay. We do have a statement to help with the bloggers' understanding of what the nature of the symposium was. And if you don't mind if we can take a couple of minutes maybe to go over that, and then open it up for some questions?

MR. HOLT: Sure. Sounds good.

COL. RICE: All right. I am Colonel Jim Rice, the director of the Army Wounded Warrior Program, also known as AW2.

AW2 assists and advocates for the most severely wounded, injured and ill soldiers and their families by providing individualized support wherever they are located and for as long as it takes.

Last week the AW2 program held its fourth AW2 Symposium, this year in Indianapolis. For this event AW2 brought together more than 70 severely wounded soldiers, family members and caregivers to identify the most important issues to be addressed to improve wounded soldier care.

The AW2 Symposium is an important part of the Army's overall mission to improve care for wounded soldiers and their families.

The theme of our symposium this year was "I am AW2." We chose this theme because the soldiers and their families are who we serve. They are the AW2 program, and we wanted to hear their voices.

Throughout the symposium the wounded soldiers and family member delegates were engaged in a week of intensive focus groups, discussing the issues which were broken into various categories, including medical, family, transition, continue on active duty or active Reserve duty, employment, and Department of Veteran Affairs.

At the end of the week, all of the focus groups came together and presented the top issues in their category. All of the delegates then voted on the top five overall issues.

I'm proud to announce that this year for the first time children were involved in the AW2 Symposium process. Through collaboration with the National Military Family Association's Operation Purple, and a grant from the Michael and Susan Dell Foundation, more than 30 children of wounded soldiers took part in a day camp during the week.

The children participated in many fun activities such as horseback riding, kayaking, and a visit to the zoo, as well as counseling sessions where they worked to identify their own issues for consideration by the Army. The inclusion of children in the symposium is so important for our focus on the families of wounded soldiers. Both the wounded soldiers and their families have made sacrifices in their service to our country, and it is AW2's mission to serve them the very best we can.

Personally, this service to wounded soldiers and their families is a great honor. I'm very proud of this year's AW2 Symposium event and I am confident that the issues identified this year will make ongoing improvements to soldier and family care.

MR. HOLT: All right. Thank you very much, sir. Let me finish my notes here -- now, the issues that are identified, I'd like to kind of back up here and just kind of work our way down the list.

On the -- as part of the medical theme, what were some of the issues that were identified there?

COL. RICE: Well, the primary issues that the group was concerned with was the -- was alternative treatments that the -- both TRICARE and the active duty military treatment, that some of the groups thought that there were other avenues that may be open for the treatment of wounded soldiers and they'd like to pursue those alternative treatments.

MR. HOLT: Okay, and what -- can you give us a couple of examples?

COL. RICE: Without getting into too much specifics, the areas that they wanted to work on were the treatment of cognitive injuries, some pain management. But there are some areas that they wanted, outside of the mainstream medical care, that they wanted to pursue.

MR. HOLT: Okay.

And somebody else joined us. Who's there? Somebody else just dialed in?

Q It's Bryant Jordan.

MR. HOLT: Okay.

Q Yeah. Sorry to be late.

MR. HOLT: All right. Thanks, Bryant.

So the families are really getting involved in this process as well. What were some of the issues, family issues that you were looking at?

COL. RICE: Well, the families really, to be perfectly honest, the families have been involved all along. A wounded soldier's family is in it from the very beginning, and we just try and provide additional support for those families in part of the AW2 Program.

The issues that were raised, particularly this week, in support of families were things like the effect on caregivers; that some caregivers have been providing for their soldiers for extremely long periods of time now. So they're concerned about the potential for burnout of some of these caregivers, and how the service can maybe provide some relief for some of those caregivers.

MR. HOLT: Okay. And as these -- I kind of want to get this straight too -- so during the symposium, these were the issues that were brought up and these are the things you guys will be -- or, that the Army Wounded Warrior Program will be investigating, finding ways to provide solutions to some of these things that were raised. Is that correct?

COL. RICE: What the AW2 Program did as part of the symposium was refine issues that -- and the issues were forwarded by the soldiers, families, and caregivers themselves. They submitted, in the weeks leading up to the symposium, they submitted 80 issues that we broke down into the various groups.

And I mentioned the refinement of those, down to their top five. The role of AW2 is to ensure that those top five issues -- and really all of the issues that were raised -- are addressed.

Now, it's not necessarily within the capability of AW2 to address them specifically, and that's why they get briefed back to the senior Army leaders and beyond, if that's the case. Because in some cases, issues that are raised go beyond the scope even of DOD. Because obviously the care of wounded warriors can extend past the time that a soldier goes through the medical board process and is medically retired.

MR. HOLT: Okay, I'm tracking with you now. (Chuckles.)

And Bryant, do you have any questions? (No audible response.) Okay.

All right, sir. So when you defined those down, you refined them down the top five. So let's -- can you just speak a little bit about those five issues? What are they, how -- what are the things you're looking at?

COL. RICE: Well, broadly, the top five issues had to do with the, as I mentioned, the alternative treatment options for wounded warriors, the support groups and counseling for wounded warrior families, and in those support groups we're specifically talking about how wounded warriors can continue to support

other wounded warriors and family members, and to more formalize the engagement of specialists who may be able to help those wounded warriors and -- whether that's a behavioral health specialist of some kind or a pain management specialist -- to bring them in and formalize the support between the wounded warriors.

They also addressed refinements in the process of continuing on active duty or continuing active Reserve status.

Q Jack?

MR. HOLT: Yes.

Q (Inaudible) -- I'm sorry. I was doing something else for a second there. But that's one of the things that has interested me. In fact, there's a story out today about a soldier or maybe a Marine who was blinded who's still on active duty, a Special Forces guy. That's right, a soldier. And is this something that the program is going to facilitate for other wounded people who are in who want to stay in?

COL. RICE: Let me make sure I've got your question right. The Army Wounded Warrior Program has been advocating for those soldiers, whether it's loss of vision or amputation or severe burns. We've been an integral part of soldiers' lives for over four years now.

So in the specific case that you mentioned about a soldier who's lost vision, that is exactly an AW2 role. And we facilitate, if they want to stay on active duty, we facilitate that process.

We help here within the headquarters in developing a five-year plan for that soldier, to make sure that he or she can continue to do those things within their military occupational specialty or whether they need to -- change a specialty, to find another area of concentration that they can work in for the military.

Q And are you seeing an increased number of people who want to do this who are wounded, or is there a pretty much steady certain number of people for the year?

COL. RICE: I would say that we have seen an increase. There are currently 70 soldiers who, out of our population, out of the most severely wounded, there are 70 soldiers who either are -- already continuing on active duty; that is, that process has been finalized, or who've expressed an interest in continuing on active duty.

And I'll tell you, these are tremendous soldiers who do a great job.

Q Mm-hmm. (In acknowledgement.) Okay.

MR. HOLT: Okay. And Mr. Waples, you're with us on the call as well. How does the Medical II focus group fit into this?

MR. WAPLES: The Medical II focus group, we basically got a chance, a week-long chance of actually collecting all the concerns and points of interest for all the different caregivers and wounded soldiers throughout the year, and we got a chance to peruse over them for an extended period of time.

And we discussed each and every one, each and every point of concern in depth, at length, and then we turn around we analyze it from every different angle that we possibly could have and then we put them in order that we think that we could actually get some work done on them. So --

MR. HOLT: Okay. So you've got a prioritized list now.

MR. WAPLES: Yes, we do. Yes, we do. MR. HOLT: All right.

Colonel -- we've covered three of those. What were some of the other things, topics discussed, out of the top five?

COL. MCNORTON: This is Lieutenant Colonel McNorton. The other issues, we're in the process of putting together a news release, and I'll include all the folks on this call.

As the Colonel mentioned earlier, this is being briefed to the senior leaders, and we're waiting to finalize that briefing to the senior leaders before we can release the other issues. But that should happen within the next couple of days.

MR. HOLT: All right. We'll be watching for that as well. Perhaps we can also follow up on this in a few weeks and see how things are progressing on that.

Bryant, do you have anything else? Any other ideas or things -- come to mind?

Q Well, again, I apologize for coming in late to this, but perhaps I missed it. Where are you going to -- (inaudible) -- the program? I know you're going to rack and stack these five and address those, but is there a next phase to this?

COL. RICE: I'm sorry, I missed the very last part. Is there a next --

Q Is there a next phase? Is there something else that the program will be developing?

COL. RICE: Well, I mentioned a phrase as part of my statement is that the AW2 Program, the Army Wounded Warrior Program is in support of these soldiers and their families for as long as it takes. This is our fourth annual symposium, so previous to the out-brief on Friday, there at the site in Indianapolis, we gave an update on where we stand on the previous issues, and we gave that brief to the Army G-1.

So it really is a continuing process of improvement, of support to these soldiers and their families. So the next step really is to continue to work those past issues. There actually are ongoing changes in legislation and policy. We continue to incorporate those into our program. And we also measure how those impact soldiers who have been through the process and maybe have been medically retired for some period of time.

Q Sure. Well, thank you very, very much.

MR. HOLT: And sir, if we could -- let's just take just a minute and touch on some of the past issues. What do you say have been some of your -- oh, say, your top two or three major successes from the past symposiums? COL. RICE:

Well, the -- I'd hesitate to categorize any of them as a success or a failure, but the previous symposium issues and recommendations have contributed to the creation and design of the Army's warrior-in-transition units and the soldier family assistance centers.

And the AW2 Symposium, the results have been important in contributing to new legislation that improved VA housing benefits. And those are just a couple of examples.

MR. HOLT: Okay, so as a program in process, in the continuing process, you've got some seeds in the ground and some things really starting to blossom now, then.

COL. RICE: Oh, I think we have -- we've clearly seen results from previous years that have already been implemented. The traumatic soldiers group life insurance is an example. So that's a benefit that soldiers have been getting for some time now, and it's really a result of the AW2 Symposium and other avenues of raising the issue of what's critical to these soldiers and families.

MR. HOLT: All right, sir. Thank you very much.

Are there -- Bryant, do you have anything else?

Q No, Jack. I'm all set. Thank you.

MR. HOLT: All right. Some encouraging things and some interesting topics. And do you have anything you would -- any closing comments for us, sir?

COL. RICE: Just as I mentioned a couple of times that we're in this for as long as it takes. We realize that these soldiers and their families have paid a huge price, and we know that we owe them as much support as we can possibly give them.

And if anyone is interested in learning more about the Army and Wounded Warrior Program, we encourage them to go to our Web Site, www.aw2.army.mil, or to call us at 1-800 237-1336.

MR. HOLT: All right. That's 1-800 237- --

COL. RICE: The number for the Army Wounded Warrior Program, 1- 800 237-1336.

MR. HOLT: Three three six. All right, sir. Thank you very much.

And hopefully we can pick this up again here in a few weeks, after the results have been finalized and senior leaders have been briefed, and kind of see where -- see how this all shakes out. We'd appreciate a chance to revisit this. COL. RICE: We look forward to doing that.

MR. HOLT: All right. Thank you very much, sir.

COL. RICE: It's been my pleasure.

COL. MCNORTON: Thank you very much.

MR. HOLT: Thank you, sir. And thank you, Mr. Waples, for joining us as well.

MR. WAPLES: Sure. No problem.

END.